

BOARD OF BARBERING AND COSMETOLOGY P.O. BOX 944226 SACRAMENTO, CA 94244-2260 INFORMATION: (916) 574-7570



www.barbercosmo.ca.gov

REQUEST FOR REPLACEMENT LICENSE

Instructions to the Licensee:

• To obtain a replacement license, complete this form and submit it to the Board of Barbering and Cosmetology at the address listed above, along with a \$10.00 replacement license fee.

(Please type or print legibly in ink)

- The fee must be paid with a check or money order payable to the Board.
- A fee MUST accompany this form. Faxed copies will not be accepted.

Name on License (Fi	rst, Middle, Last)		Lice	nse Number
Current Address	Number and Street	City	State	Zip Code
Date of Birth	Phone Number		Social Security Number *	
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hereby request a r	replacement license because:			
☐ My license	was lost, stolen or destroyed.			
☐ My license	has been mutilated to such an extent	that it is no longer u	seable	
☐ I did not rec	eeive my renewal license in the mail.			
	ged my name and require a license in to mitted with the required documentation			of Name" form
Explanation of circ	umstances:			
	er penalty of perjury under the laws of th rther certify that I will immediately retu subsequently	ern the duplicate licens		
X Signature of Lice	ensee		Date	
	OSURE OF U.S. SOCIAL SECURITY NUMBER	S		

MANDATORT DISCLOSURE OF U.S. SOCIAL SECURIT I NUMBERS

Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405(c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your SSN your application for initial licensure will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.